

1.) CORPORATION NAME:

DUE DATE: **5/31/2012**

Monroe Guaranty Insurance Company

SCC ID NO: **F1669680**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

CLAIRE C. CARR

901 MOOREFIELD PARK DRIVE, SUITE 200

RICHMOND, VA 23236

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 UNIVERSITY PKWY

CITY/ST/ZIP: SARASOTA, FL 34240-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TRACEY PFAB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/DIR		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	CHARLES BAUMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	ROBERT BENJAMIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	TIMOTHY CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	ROBERT FLANDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		

NAME:	MARVIN HABER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	ROY YAHRAUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	MICHELLE M. JALBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP,Asst Treasur		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	RUPERT L. WILLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CRO		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	THOMAS A. KOVAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/Secretary		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	JOSEPH A KEENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	CHRISTOPHER S SHOUCAIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/TREAS		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	GORDON WILLIAM JACOBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	JOHN STAFFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6300 UNIVERSITY PARKWAY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
NAME:	CRAIG A JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIRECT		
ADDRESS:	6300 UNIVERSITY PKWY		
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ THOMAS A. KOVAL</u>	<u>THOMAS A. KOVAL, SVP/Secretary</u>	<u>3/13/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		